



## ADDENDUM #5 RFP-2022-BDAS-01-SUBST

(Changes to RFP-2022-BDAS-01-SUBST are in **bold, underlined and italicized** below to enable vendors to quickly recognize modified, replaced, or added text.)

On July 20, 2021, the New Hampshire Department of Health and Human Services published a Request for Proposals to solicit proposals for the provision of Substance Use Disorder Treatment and Recovery Support Services to help individuals stop or reduce substance misuse; improve their physical and mental health and social function; and reduce risk for recurrence of substance misuse.

The Department is publishing this addendum to:

**1. Modify Section 1, Introduction, Subsection 1.2. Request for Proposals Terminology, Discharge Summary as follows:**

Discharge Summary: A brief narrative that addresses all ASAM (2013) domains, including the process of transfer planning at the time of the client's intake to the program and that is in accordance with the operational requirements **specified in Appendix G, Operational Requirements**, and that includes at least one of the four (4) ASAM criteria for discharge, and how the client meets the requirement. It must also include, in brief, the reason for admission, course of treatment, discharge assessment, strengths/liabilities, and discharge plan/recommendations, with specific information regarding referrals or further treatment.

**2. Modify Section 3. Statement of Work, Subsection 3.2 Scope of Services, Paragraph 3.2.7, as follows:**

**3.2.7. Evaluation**

3.2.7.1. The selected vendor(s) must use the clinical evaluations completed by a NH Licensed or Unlicensed Counselor from a referring agency. **The evaluation must include DSM 5 Diagnostic information and a recommendation for a level of care based on the ASAM Criteria, published in October 2013.** This clinical evaluation must have been conducted less than thirty (30) days prior to the client's admission to the treatment program; otherwise, a new evaluation must be conducted. If the evaluation was done by someone other than a Licensed or Unlicensed Counselor it must be redone. If the evaluation from the referring agency is being used, any changes in ASAM dimensions that occurred since it was conducted must be recorded in **the client's record within** the same time period requirements as the new evaluation in **3.2.7.3.**



- 3.2.7.2. If the client does not present with an evaluation completed by a NH Licensed or Unlicensed Counselor, **and if the selected Vendor is unable to complete the evaluation prior to admission due to geographic or other barriers, the selected Vendor(s) shall assist the client with accessing an evaluation through their local Doorway or other appropriate provider.**
- 3.2.7.3. **If the Doorway or other appropriate provider is not able to complete the evaluation prior to admission, the selected vendor(s) must, for all services provided, complete a clinical evaluation within three (3) days after admission or three (3) sessions, whichever is longer utilizing CONTINUUM or an alternative assessment tool approved by the Department. This evaluation must include DSM 5 diagnostic information and a recommendation for a level of care based on the ASAM Criteria, published in October 2013.**
- 3.2.7.4. The selected Vendor(s) must provide eligible clients the substance use disorder treatment services in section 3.2.4 determined by the client's clinical evaluation in section 3.2.7 unless:**
- 3.2.7.4.1. The client chooses to receive a service with a lower intensity ASAM Level of Care; or**
- 3.2.7.4.2. The service with the needed ASAM level of care is unavailable at the time the level of care is determined in Section 3.2.7, in which case the client may choose:**
- 3.2.7.4.2.1. A service with a lower Intensity ASAM Level of Care;**
- 3.2.7.4.2.2. A service with the next available higher intensity ASAM Level of Care;**
- 3.2.7.4.2.3. To be placed on the waitlist until their service with the assessed ASAM level of care becomes available as in Section 3.2.6; or**
- 3.2.7.4.2.4. To be referred to another agency in the client's service area that provides the**



**service with the needed ASAM Level of Care.**

**3.2.7.5. If the clinically appropriate level of care is available, and a client is admitted to a different level of care than what is recommended by the clinical evaluation, the reasoning behind this must be clinically justified using ASAM and documented in the client record.**

**3. Modify Section 3. Statement of Work, Subsection 3.2 Scope of Services, Paragraph 3.2.13 Treatment Planning, Sub-paragraph 3.2.13.1.1.as follows:**

3.2.13.1.1. The selected vendor(s) must complete individualized treatment plans for all clients based on clinical evaluation data within two (2) business days or two (2) sessions, whichever is longer from the clinical evaluation in Section 3.2.6 above or admission, whichever is later, that address problems in all ASAM (2013) domains which justified the client's admittance to a given level of care, that are in accordance **with** operational requirements **specified in Appendix G, Operational Requirements**, and that:

3.2.13.1.1. Include in all individualized treatment plan goals, objectives, and interventions written in terms that are:

3.2.13.1.1.1. Specific, clearly defining what shall be done.

3.2.13.1.1.2. Measurable, including clear criteria for progress and completion.

3.2.13.1.1.3. Attainable, within the individual's ability to achieve.

3.2.13.1.1.4. Relevant, the goals and objectives address underlying issues identified during the evaluation that will further the individual's recovery from substance use disorder.

3.2.13.1.1.5. Timely, something that needs to be done at this point in the individual's recovery.

3.2.13.1.1 Include the client's involvement in identifying, developing, and prioritizing goals, objectives, and interventions.

**4. Modify Section 3. Statement of Work, Subsection 3.2 Scope of Services, Paragraph 3.2.18, as follows:**

3.2.18. The selected vendor(s) must complete a brief Discharge Summary when a client is discharging from treatment at the contracted agency for all Services in Section 3.2.4, except for Transitional Living, in Section



3.2.4.1.6, that address all ASAM (2013) domains, including the process of transfer planning at the time of the client's intake to the program and that are in accordance with the operational requirements **specified in Appendix G, Operational Requirements**, and that includes at least one of the following four (4) ASAM criteria for discharge, and how client meets the requirement. It must also include, in brief, the reason for admission, course of treatment, discharge assessment, strengths/liabilities, and discharge plan/recommendations, with specific information regarding referrals or further treatment. The selected vendor(s) must indicate:

- 3.2.18.1. Transfer/Discharge Criteria A: The patient has achieved the goals articulated in the individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Continuing the chronic disease management of the patient's condition at a less intensive level of care is indicated; or
- 3.2.18.2. Transfer/Discharge Criteria B: The patient has been unable to resolve the problem(s) that justified the admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of services, or discharge from treatment, is therefore indicated; or
- 3.2.18.3. Transfer/Discharge Criteria C: The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or
- 3.2.18.4. Transfer/Discharge Criteria D: The patient has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively at a more intensive level of care; and
- 3.2.18.5. Clear documentation that explains why continued services, transfer, or discharge is necessary for Transitional Living.

**5. Modify Section 3, Scope of Services, Subsection 3.3. Staffing, Paragraph 3.3.1, Sub-paragraph 3.3.1.2, Part 3.3.1.2.2, as follows:**

- 3.3.1.2.2 SUD treatment groups shall include no more than 12 individuals with one NH Licensed **Counselor or Unlicensed** Counselor present, or no more than 16 individuals when that **Counselor is joined by a second Licensed Counselor, Unlicensed Counselor, CRSW, or Uncertified Recovery Support Worker.**



**6. Modify Section 3, Scope of Services, Subsection 3.3. Staffing, Paragraph 3.3.1., Sub-paragraph 3.3.1.5, as follows:**

3.3.1.5 Provide ongoing clinical supervision that occurs at regular intervals, and is documented in all staff members' records, in accordance with the operational requirements **specified in Appendix G, Operational Requirements**, and evidence based practices, at a minimum:

3.3.1.5.1. Weekly discussion of cases with suggestions for resources or therapeutic approaches, co-therapy, and periodic assessment of progress; **and**

3.3.1.5.2. Group supervision to help optimize the learning experience, when enough candidates are under supervision.

**7. Modify Section 9, Additional Information by adding Subsection 9.7, as follows:**

**9.7 Appendix G – Operational Requirements**